

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>		12/10/99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		65103	1-4-00
		65103	3-8-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final	
Original	
1	12/10/99
2	12/10/99
3	12/10/99
4	12/10/99
5	12/10/99
6	12/10/99
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8	12/10/99
9	12/10/99
10	12/10/99
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43	12/10/99
44	12/10/99
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46	12/10/99
47	12/10/99
48	12/10/99
49	12/10/99
50	12/10/99

Claim	Date
Final	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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